

HAND DELIVERED

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U.S. SENATE RESOURCE CENTER

2019 (2020 USE ONLY) 52

UNITED STATES HOUSE OF REPRESENTATIVES 2018 FINANCIAL DISCLOSURE STATEMENT

For Use by Members, Officers, and Employees

Form A

Name: Christopher Collins

Daytime Telephone: _____

FILER STATUS	Member of the U.S. House of Representatives	State: <u>New York</u>	Officer or Employee
REPORT TYPE	2018 Annual (Due: May 15, 2019)	<input type="checkbox"/> Amendment	Employing Office: _____
		<input type="checkbox"/>	Staff Filer Type: (If Applicable) <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant
		<input type="checkbox"/>	Date of Termination: _____

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

- A. Did you, your spouse, or your dependent child:
- Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Yes No
 - Receive more than \$200 in unearned income from any reportable asset during the reporting period?
- B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?
- C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
- D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
- E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?

- Yes No Amendment Termination
- F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? Yes No
- G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period? Yes No
- H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period? Yes No
- I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period? Yes No

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

- Yes No
- Yes No
- Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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BLOCK A											
Assets and/or Income Sources											
<p>Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use only ticker symbols).</p>											
<p>For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.</p> <p>For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.</p> <p>For rental and other real property held for investment, provide a complete address or description, e.g., "rented property", and a city and state.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period), and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>If you report a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or jointly held with anyone (JT).</p> <p>For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.</p>											
Value of Asset											
<p>Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.</p> <p>If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."</p> <p>*Column M is for assets held by your spouse or dependent child in which you have no interest.</p>											
Type of Income											
<p>Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.</p> <p>If only a portion of an asset was sold, please indicate as follows: (S) part, (L) less than full, (P) purchases, (B) sales, (S), or (X) no transactions that exceeded \$1,000.</p> <p>If only a portion of an asset was sold, please indicate as follows: (S) part, (L) less than full, (P) purchases, (B) sales, (S), or (X) no transactions that exceeded \$1,000.</p> <p>In which you have no interest.</p>											
Amount of Income											
<p>Check all columns that apply. For assets for which you checked "Tax-Deferred" in block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.</p> <p>*Column XII is for assets held by your spouse or dependent child in the reporting period.</p>											
Transaction											
<p>Indicate if the asset had purchases (P), sales (S), or no transactions (N) during the reporting period.</p>											
A	B	C	D	E	F	G	H	I	J	K	M
I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
<p>None</p>											
<p>\$1-\$1,000</p>											
<p>\$1,001-\$15,000</p>											
<p>\$15,001-\$50,000</p>											
<p>\$50,001-\$100,000</p>											
<p>\$100,001-\$250,000</p>											
<p>\$250,001-\$500,000</p>											
<p>\$500,001-\$1,000,000</p>											
<p>\$1,000,001-\$5,000,000</p>											
<p>\$5,000,001-\$25,000,000</p>											
<p>\$25,000,001-\$50,000,000</p>											
<p>Over \$50,000,000</p>											
<p>Spouse/DC Asset over \$1,000,000*</p>											
<p>NONE</p>											
<p>DIVIDENDS</p>											
<p>RENT</p>											
<p>INTEREST</p>											
<p>CAPITAL GAINS</p>											
<p>EXCEPTED/BLIND TRUST</p>											
<p>TAX-DEFERRED</p>											
<p>Other Type of Income (Specify: e.g., Partnership Income or Farm Income)</p>											
<p>None</p>											
<p>\$1-\$200</p>											
<p>\$201-\$1,000</p>											
<p>\$1,001-\$2,500</p>											
<p>\$2,501-\$5,000</p>											
<p>\$5,001-\$15,000</p>											
<p>\$15,001-\$50,000</p>											
<p>\$50,001-\$100,000</p>											
<p>\$100,001-\$1,000,000</p>											
<p>\$1,000,001-\$5,000,000</p>											
<p>Over \$5,000,000</p>											
<p>Spouse/DC Asset with Income over \$1,000,000*</p>											
SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP
DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC
JT	JT	JT	JT	JT	JT	JT	JT	JT	JT	JT	JT
<p>Examples: Simon & Schuster ABC Hedge Fund</p>											
<p>Zeta Matrix Corp. Buffalo, NY Biotechnology Co.</p>											
<p>Sub-S</p>											

SCHEDULE A – ASSETS & “UNEARNED INCOME”

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SP, DC, JT	ASSET NAME	EIF	BLOCK A Assets and/or Income Sources												BLOCK B Value of Asset												BLOCK C Type of Income												BLOCK D Amount of Income												BLOCK E Transaction											
			A	B	C	D	E	F	G	H	I	J	K	L	M	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII																																			
	Zendo Matrix Realty 878 Main Street Buffalo, NY														None																																															
	Volland Electric Corp Buffalo, NY	X													\$1-\$1,000																																															
	Electrical Repair & Distribution														\$1,001-\$15,000																																															
															\$15,001-\$50,000																																															
															\$50,001-\$100,000																																															
															\$100,001-\$250,000																																															
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															Over \$50,000,000																																															
															Spouse/DC Asset over \$1,000,000*																																															
															NONE																																															
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															INTEREST																																															
															CAPITAL GAINS																																															
															EXCEPTED/BLIND TRUST																																															
															TAX-DEFERRED																																															
															Other Type of Income (Specify: e.g., Partnership Income or Farm Income)																																															
															None																																															
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															\$201-\$1,000																																															
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															\$1,000,001-\$5,000,000																																															
															Over \$5,000,000																																															
															Spouse/DC Asset with income over \$1,000,000*																																															
															P, S, Sipart, or E																																															
															Note L (Sipart)																																															

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE A – ASSETS & “UNEARNED INCOME”

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Use additional sheets if more space is required.

SCHEDULE A – ASSETS & “UNEARNED INCOME”

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SCHEDULE A – ASSETS & “UNEARNED INCOME”

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE B – TRANSACTIONS

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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.

*** Column K** is for assets solely held by your spouse or dependent child.
Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the **capital gains** box unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.

SP, DC, JT

SCHEDULE C – EARNED INCOME

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.
Use source and amount of any non-alta, not only the source for former spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for non-essential services involving a fiduciary relationship) are totally prohibited.

Source (include date of receipt for honoraria)	Type	Amount
Keene State State of Maryland Civil War Roundtable (Oct. 2) Dover County Board of Education	Approved Teaching Fee Legislative Pension Spouse Search	\$6,000 \$18,000 \$1,000 N/A

Use additional sheets if more space is required.

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise; nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions listed in Schedule C; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
Director	Audubon Machinery Corp
Director	Volland Electric Equipment Corp
Partner	Zepro Metric Realty LLC
Partner	Wurllitzer Capital Group LLC
Partner	Nagel Drive Associates LLC
Partner	Woodlands Realty Group LLC
Partner	Fox Valley Villages LLC
Partner	Linda Lane Apartment Group LLC
Partner	SSII-II Woodbridge Apartments LLC
Partner	West Seneca Apartment Group LLC
Partner	Cocoon Development LLC
Director	Greater Niagara Frontier Council - Boy Scouts of America
Resigned Positions 2018	
Director - Chairman	Zepro Metric Corporation
Director	Innate Immuno Therapeutics Ltd
Director	ICU Diagnostics Inc.
Partner	Cobblestone Realty LLC
Partner	Patio Village Apartments LLC

★ All positions are uncompensated

SCHEDULE F – AGREEMENTS

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

SCHEDULE G – GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA	\$400
Mr. Francis Rooney (FL-1a)	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	LOA D.80

Use additional sheets if more space is required.

**FILER NOTES
(Optional)**

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NOTE NUMBER	NOTES
1	Innote ImmunoTherapeutics changed their name to Amplia Therapeutics Ltd
2	Bank of Akron Money Market Account was Closed
3	Sinatra & Company Loan #2 Paid in Full
4	Great Plains Recycling Note - Written OFF in Full - Company Bankrupt
5	ICU Diagnostics - Closed Down - Product Not Viable
6	Morgan Stanley - Account Closed
7	UBS Bank - Account Closed
8	Epic 1st MM - Account Closed

Use additional sheets if more space is required.